

RN VISIT BILLING FORM SAMPLE

On the following page is a sample of a billing form that an RN can use when contracted to perform services in a community setting.

The form provides a picture of the RN's workload, findings, concerns, recommendations and documentation of when the nurse plans to return.

Note that there is a place for the signature of the staff who was present in the home when the RN visited.

REGISTERED NURSE VISIT BILLING FORM SAMPLE

Date _____

Work Site _____

Time: From _____ to _____

Total Hours _____

Items Completed	Time
<input type="checkbox"/> Health Records Quality Assurance*	_____ hrs.
<input type="checkbox"/> Review of Health Care Plans/Nursing Care Plans*	_____ hrs.
<input type="checkbox"/> Annual Nursing Assessment*	_____ hrs.
<input type="checkbox"/> Writing Health Care Plan/Nursing Care Plan *	_____ hrs.
<input type="checkbox"/> 180 Day Medication Review*	_____ hrs.
<input type="checkbox"/> Delegation/Assignment	_____ hrs.
<input type="checkbox"/> Staff Training*	_____ hrs.
<input type="checkbox"/> Review of Current/Active Health Problem(s)	_____ hrs.
<input type="checkbox"/> Physician Contact, Phone/Office Visit	_____ hrs.
<input type="checkbox"/> Other _____	_____ hrs.

Note: * Indicates that a report is required and is attached. Specific client health information is in the client's medical file.

FINDINGS/CONCERNS/COMMENTS:

RECOMMENDATIONS AND FOLLOW-UP:

RN Signature

Staff Signature

Original – Provider
Copy - Nurse